

LABORATORY SERVICE REQUEST (LSR) - WATER TESTING

CLIENT INFO

(Instructions: Use ONE form for each group of similar samples requiring the same storage, handling, analyses, and compliance. Fill in the form as completely as possible. Submit the form along with sample(s). Initiation of sample analysis will be delayed if form is not complete.)

Sponsor: (Send Report To)	<input type="checkbox"/> Invoice To: (Check Box if same as Sponsor)
Contact Name:	AP Contact Name:
Company Name:	Company Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Country:	Country:
Phone:	Fax:
Email:	
PBL Quote Number:	Client P.O. Number:

Storage Condition: <input type="checkbox"/> 20 to 25°C <input type="checkbox"/> 2 to 8°C <input type="checkbox"/> Other: _____	Hazardous: (include MSDS if samples are hazardous, client will incur charges for disposal of hazards.) <input type="checkbox"/> Not Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other: _____	Sample Disposition: (Samples will be discarded 7 days after report unless otherwise indicated) (Check one box) <input type="checkbox"/> Return to Sender Carrier: _____ Account: _____ <input type="checkbox"/> Dispose in Municipal waste <input type="checkbox"/> Dispose in hazardous waste
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Use separate spreadsheet if list of samples cannot fit in the below spaces.

	Sample Name/Sample Description	Date/Time Sampled	Expiration Date	Vol. per Container	No. of Containers	Specification	Method	Requested Test
1								
2								
3								
4								
5								
6								
7								

*If HPC, specify volume to test and type of media: Volume

Media Type

**General water testing: (cleaning validation extractions, swab samples, tap water). Testing will be conducted according to USP General Chapters <643> Total Organic Carbon and <645> Water Conductivity. The final report will contain no references to a specification or to a "conforms/fails" status and no out-of-specification investigation will be performed. It is client's responsibility to consult USP General Chapters to the determine status of results.

SERVICE INFO

Regulatory Treatment: Non-regulatory cGMP

Rush Services: No Yes (will incur a 50% surcharge)

Report Format: PDF PDF and Paper Paper (Note: A fee will apply for paper copy of report.)

OTHER TESTS/SPECIAL INSTRUCTIONS:

TESTING AUTHORIZED BY (Please Sign): _____ DATE: _____

(Signature and date, or electronic signature is required for testing to begin; unsigned LSR forms will not be processed)

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Sample Submission Procedure

TOC

Samples for TOC testing should be collected into (2) 40 mL TOC (Special septum cap) glass vials. (1 for test, 1 extra). If the spigot will be cleaned with an organic solvent for micro sampling, make sure that the TOC sample is taken prior to cleaning. Organic solvents may provide out of specification results. Open the tap and allow the interior surface to be cleaned by a flush of water. Fill the sample vial with fluid, then discard; repeating 3 times prior to filling the vial with the water for testing. Document the appropriate sample ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each vial. Maintain samples at 2-8°C. Do not freeze.

Pacific BioLabs Sampling Supplies: TOC Sample Vials, 40 mL

Conductivity

Please submit 1,000 mL per test. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each bottle. These samples do not have to be refrigerated.

Pacific BioLabs Sampling Supplies: Polycarbonate Bottle, 1 Liter or Glass Bottle with Teflon Lined Cap, 1 Liter

Microbiological Analyses

Please submit 120 mL per microbiological analysis. This testing must be performed within 48 hours of the sample collection time in order to receive accurate microbial counts. Please collect the sample(s) as late in the day as possible. Ship the sample(s) for Next-Day delivery by 8:00 AM (if at all possible). This will help to ensure that your samples are received, processed into the lab and the testing performed within the allotted time frame. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each specimen cup. Maintain samples at 2-8°C. Do not freeze.

Total Heterotrophic Plate Count - Please specify amount of sample submitted that Pacific BioLabs is to test.

Pacific BioLabs Sampling Supplies: Specimen Cups, Sterile, 120 mL

Bacterial Endotoxin

Please indicate your endotoxin limit on your paperwork. The USP does not state an endotoxin limit for purified water. Fill 1 sterile, non-pyrogenic 15 mL test tube to capacity. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each tube. Maintain samples at 2-8°C. Do not freeze.

Pacific BioLabs Sampling Supplies: Test Tubes, Sterile, Non-pyrogenic, 15 mL

Particulate Matter

Samples for particulate are generally stored and shipped at the normal storage conditions for the product. Please indicate on your paperwork if you would like us to perform the test with the light obscuration or microscopic method. Samples should be taken in pre-cleaned containers for bulk product. All other samples are sent in the regular packaging. For products that are < 25 mL each container, the USP requires a minimum of 10 pooled containers with a total volume of not less than 20 mL. Products that are greater than/equal to 25 mL each may be tested individually but are reported per container as required for small volume samples. If you expect your sample to fail the light obscuration test, please submit double this amount since this method uses 15 mL and we will need to request additional sample in order to perform the microscopic method.

Please note that Pacific BioLabs subcontracts this testing to a Pacific BioLabs audited facility.